

Maine Revenue Services and Maine Department of Labor

040852000

Combined Filing for Income Tax Withholding and Unemployment Contributions

FORM 941/C1-ME LOOSE QUARTER

Name and Address	Withholding Account	No						
	UC Employer Account	No.						
	Period Mo.	Day Year Mo. Day Year						
	Covered							
Part One - Income Tax	Withholding							
1. Maine income tax withheld this quarter (Semi-weekly employers complete Schedule 1 on reverse side)								
2. Less any semi-weekly payments (From Schedule 1, line 13 on reverse side – see instructions.) 2								
Income tax withholding due (line 1 minus line 2)		3						
OFFICE USE ONLY Part Two - Unemployment Co	ntributions Poport							
Seasonal Code	пинрицона кероп	Check if reporting wage listing on						
Seasonal Period		MAGNETIC TAPE or DISKETTE						
Enter in the space under each month the total of all full-time and part-time workers who worked during or receiver.	d 1st Month	2nd Month 3rd Month						
pay reportable for unemployment insurance purposes for the payroll period which includes the 12 of each month. If you had no employment in the payroll period, enter zero (0)	4							
5. Number of female employees included on line 4. If none, enter zero (0)	5							
6. Total gross reportable wages paid this quarter (from Part Four, line 19a)								
7. DEDUCT EXCESS WAGES (SEE INSTRUCTIONS)	7							
8. Taxable wages paid in this quarter (line 6 minus line 7)	8	•						
9. Contribution rate	9							
10. Contributions due (line 8 times total rate on line 9)	10	•						
Part Three - Calculate the Total Amount Due								
11. Amount due with this return (line 3 plus line 10)								
CANCELLATION	NOTICE							
Check this box and complete the following section if your business is discontinued or DO NOT REPORT CHANGE FOR A SEASONAL SHUTDOWN PERIODReason for Cancellation	payment of wages perman	nently ceases. FINAL						
No Longer Have Employees - Effective:		_						
·								
		Tel. #:						
Under penalties of perjury, I certify that the information contained on this return, report true and correct.	and attachment(s) is	Make Check Payable to Treasurer, State of Maine						
Signature Date	Mail to: Maine Revenue Services							
Title Telephone		P.O. Box 9103 Augusta, ME 04332-9103						
Contact person e-mail:		Office use only PWD						
Paid preparer EIN:								

For Field Advisor Use: _

Schedule 1

Reconciliation of 900ME Voucher Payments or EFT Payments of Income Tax Withholding For employers required to remit withholding taxes on a <u>semi-weekly</u> basis (see instructions).

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Date Wages Paid	Amount Withheld	Check Amount	Date Wages Paid	Amount Withheld	Check Amount	Date Wages Paid	Amount Withheld	Check Amount
12. Total With	holding this quar	ter (enter here and	d on line 1)	13. Total semi-	weekly payments	remitted this quarte	r (enter here and	d on line 2)
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Name Withholding Account No.	<u> </u>		040	0852200
UC Account No.	<u> </u>			
Period Covered	F(DRM 941/C1-ME LO	OSE	INCOME TAX
Part Four - Quarterly Unemployme		WITHHELD		
All employers designated Seasonal by the I 14. Employee Name (Last, First, MI)	Department of Labor, see instructions for column 15. Social Security Number	mn 16 on page 8 of the booklet. 16. Unemp Comp Gross Wages Pd	Seasonal?	17. ME Income Tax Withheld in Qtr
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18. Total on this page	a.		b.	
19. Total for ALL pages	a.		b	
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